

SECURITIES AND EXCHANGE COMMISSION

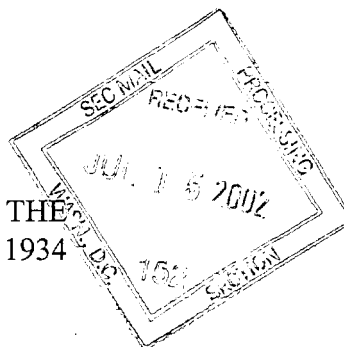
WASHINGTON, D.C. 20549



02048932

FORM 11-K

ANNUAL REPORT  
PURSUANT TO SECTION 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934



(Mark One)

- ☒ ANNUAL REPORT PURSUANT TO SECTION 15 (d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended December 31, 1999

OR

- ☐ TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the transition period from \_\_\_\_\_ to \_\_\_\_\_

Commission file number 333-91065

- A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

COMMERCIAL FEDERAL 401(k) PLAN

FOR ACQUIRED COMPANIES

PROCESSED

JUL 18 2002

THOMSON  
FINANCIAL

- B. Name of the issuer of the securities held pursuant to the plan and the address of its principal executive office:

COMMERCIAL FEDERAL CORPORATION  
13220 CALIFORNIA STREET  
OMAHA, NEBRASKA 68154

COMMERCIAL FEDERAL 401(k) PLAN FOR ACQUIRED COMPANIES

FORM 11-K

EXHIBIT INDEX

Exhibit I.

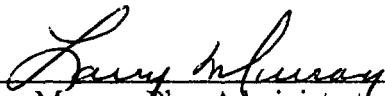
Form 5500 for the Year Ended December 31, 1999

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the trustees (or other persons who administer the employee benefit plan) have duly caused this annual report to be signed on its behalf of the undersigned hereunto duly authorized.

COMMERCIAL FEDERAL 401(k) PLAN FOR ACQUIRED COMPANIES  
(Name of Plan)

Date: July 10, 2002

  
\_\_\_\_\_  
Larry Murray, Plan Administrator

**EXHIBIT I**

COMMERCIAL FEDERAL 401(k) PLAN FOR ACQUIRED COMPANIES

FORM 5500 FOR THE YEAR ENDED  
DECEMBER 31, 1999

# COPY

**Form 5500**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6039D, 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with  
the instructions to the Form 5500.Official Use Only  
OMB Nos. 1210-0110  
1210-0089**1999****This Form is Open to  
Public Inspection****Part I Annual Report Identification Information**

For the calendar plan year 1999 or fiscal plan year beginning

and ending


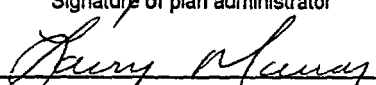
- A** This return/report is for: (1) ☐ a multiemployer plan; (3) ☐ a multiple-employer plan;  
(2) ☒ a single-employer plan (other than a (4) ☐ a DFE (specify) \_\_\_\_\_  
multiple-employer plan);
- B** This return/report is: (1) ☐ the first return/report filed for the plan; (3) ☐ the final return/report filed for the plan;  
(2) ☐ an amended return/report; (4) ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** If you filed for an extension of time to file, check the box and attach a copy of the extension application ☐

**Part II Basic Plan Information** — enter all requested information.

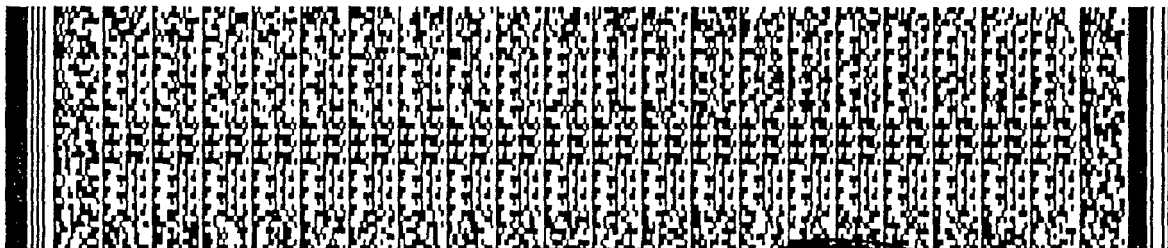
<b>1a</b> Name of plan Commercial Federal 401(k) Plan for Acquired Companies	<b>1b</b> Three-digit plan number (PN) ▶ 004
	<b>1c</b> Effective date of plan (mo., day, yr.) 01/01/1991
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) Commercial Federal Bank  2120 S. 72nd St., TWR 14  Omaha NE 68124	<b>2b</b> Employer Identification Number (EIN) 47-0130810
	<b>2c</b> Sponsor's telephone number 402-390-5246
	<b>2d</b> Business code (see instructions) 522110

**Caution:** A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

 Signature of plan administrator	<u>10/16/00</u> Date	<u>Larry Murray</u> Typed or printed name of individual signing as plan administrator
 Signature of employer/plan sponsor/DFE	<u>10/16/00</u> Date	<u>Larry Murray</u> Typed or printed name of individual signing as employer, plan sponsor or DFE as applicable

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Form 5500 (1999)



**3a** Plan administrator's name and address (If same as plan sponsor, enter "Same")  
Same

**3b** Administrator's EIN

**3c** Administrator's telephone number  
402-390-5246

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report below:

**a** Sponsor's name

**b** EIN

**c** PN

**5** Preparer information (optional) **a** Name (including firm name, if applicable) and address

**b** EIN

**c** Telephone no.

**6** Total number of participants at the beginning of the plan year

**6** 80

**7** Number of participants as of the end of the plan year (welfare plans complete only lines **7a, 7b, 7c, and 7d**)

**a** Active participants

**7a** 132

**b** Retired or separated participants receiving benefits

**7b** 0

**c** Other retired or separated participants entitled to future benefits

**7c** 28

**d** Subtotal. Add lines **7a, 7b, and 7c**

**7d** 160

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits

**7e** 0

**f** Total. Add lines **7d** and **7e**

**7f** 160

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

**7g** 160

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested

**7h** 0

**i** If any participant(s) separated from service with a deferred vested benefit, enter the number of separated participants required to be reported on a Schedule SSA (Form 5500)

**7i**

**8** Benefits provided under the plan (complete **8a** through **8c**, as applicable)

**a** ☒ Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature codes from the List of Plan Characteristics Codes (printed in the instructions)): **2E** **2G** **2J**

**b** ☐ Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature codes from the List of Plan Characteristics Codes (printed in the instructions)):

**c** ☐ Fringe benefits (check this box if the plan provides fringe benefits)

**9a** Plan funding arrangement (check all that apply)

- (1) ☐ Insurance  
(2) ☐ Section 412(l) insurance contracts  
(3) ☒ Trust  
(4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance  
(2) ☐ Section 412(l) insurance contracts  
(3) ☒ Trust  
(4) ☐ General assets of the sponsor

**10** Schedules attached (Check all applicable boxes and, where indicated, enter the number attached. See instructions.)**a Pension Benefit Schedules**

- (1) ☒ R (Retirement Plan Information)  
(2) ☒ 1 T (Qualified Pension Plan Coverage Information)

If a Schedule T is not attached because the plan  
is relying on coverage testing information for a  
prior year, enter the year .....

- (3) ☐ B (Actuarial Information)  
(4) ☐ E (ESOP Annual Information)  
(5) ☐ SSA (Separated Vested Participant Information)

**b Financial Schedules**

- (1) ☐ H (Financial Information)  
(2) ☒ I (Financial Information -- Small Plan)  
(3) ☐ A (Insurance Information)  
(4) ☐ C (Service Provider Information)  
(5) ☐ D (DFE/Participating Plan Information)  
(6) ☐ G (Financial Transaction Schedules)  
(7) ☒ 1 P (Trust Fiduciary Information)

**c Fringe Benefit Schedule**

- ☐ F (Fringe Benefit Plan Annual Information)

**SCHEDULE R  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Retirement Plan Information**

This schedule is required to be filed under sections 104 and 4065 of the  
Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the  
Internal Revenue Code (the Code).

► **File as an Attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**1999**

**This Form is Open to  
Public Inspection.**

For calendar year 1999 or fiscal plan year beginning and ending

<b>A</b> Name of plan Commercial Federal 401(k) Plan for Acquired Companies	<b>B</b> Three-digit plan number 004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 Commercial Federal Bank	<b>D</b> Employer Identification Number 47-0130810

**Part I Distributions**

All references to distributions relate only to payments of benefits during the plan year.

- 1** Total value of distributions paid in property other than in cash, annuity contracts, or publicly traded employer securities .....
- 2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits). 48-6337715

<b>1</b>	\$	0
<b>3</b>		

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

- 3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....

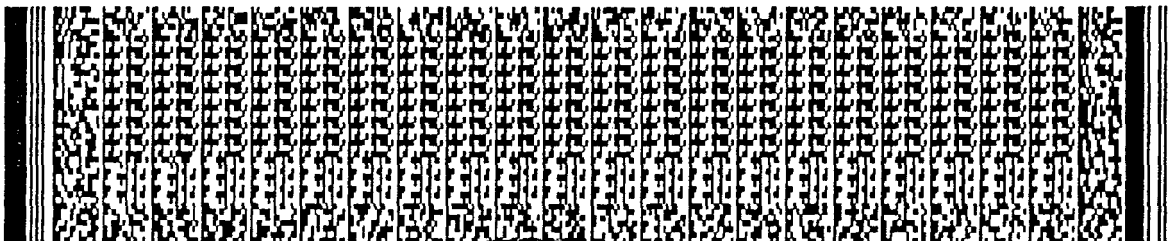
**Part II Funding Information** (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

- 4** Is the plan administrator making an election under Code section 412(c)(8) or ERISA section 302(c)(8)? ..... ☐ Yes ☐ No ☐ N/A  
If the plan is a defined benefit plan, go to line 7.
- 5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the ruling letter granting the waiver ..... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
If you completed line 5, complete lines 3, 9, and 10 of Schedule B and do not complete the remainder of this schedule.
- 6a** Enter the minimum required contribution for this plan year ..... **6a** \$
- b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b** \$
- c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c** \$
- If you completed line 6c, do not complete the remainder of this schedule.
- 7** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☐ N/A  
Do not complete line 8, if the plan is a multiemployer plan or a plan with 100 or fewer participants during the prior plan year (see inst.).
- 8** Is the employer electing to compute minimum funding for this plan year using the transitional rule provided in Code section 412(l)(11) and ERISA section 302(d)(11)? ..... ☐ Yes ☐ No ☐ N/A

**Part III Amendments**

- 9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased the value of benefits? (see instructions) ..... ☐ Yes ☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule R (Form 5500) 1999





**SCHEDULE T  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

**Qualified Pension Plan Coverage Information**

This form is required to be filed under section 6058(a) of the  
Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

Official Use Only

OMB No. 1210-0110

**1999**

**This Form is Open  
to Public Inspection.**

For calendar year 1999 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>A</b> Name of plan Commercial Federal 401(k) Plan for Acquired Companies	<b>B</b> Three-digit plan number ► 004
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 Commercial Federal Bank	<b>D</b> Employer Identification Number 47-0130810

**Note:** If the plan is maintained by:

More than one employer and benefits employees who are not collectively-bargained employees, a separate Schedule T may be required for each employer (see the instruction for line 1).

An employer that operates qualified separate lines of business (QSLOBs) under Code section 414(r), a separate Schedule T may be required for each QSLOB (see the instruction for line 2).

- 1** If this schedule is being filed to provide coverage information regarding the noncollectively bargained employees of an employer participating in a plan maintained by more than one employer, enter the name and EIN of the participating employer:

<b>1a</b> Name of participating employer	<b>1b</b> Employer identification number
--	--

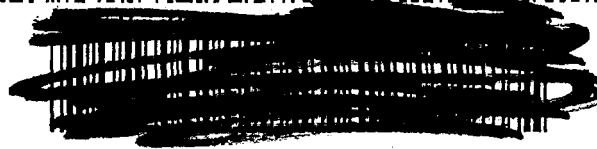
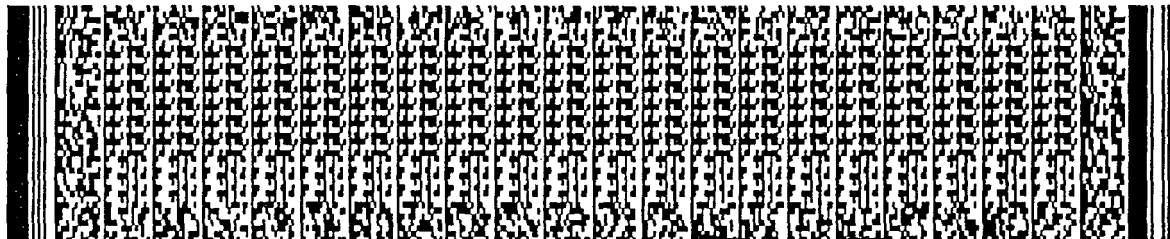
- 2** If the employer maintaining the plan operates QSLOBs, enter the following information:

- a** The number of QSLOBs that the employer operates is \_\_\_\_\_.
- b** The number of such QSLOBs that have employees benefiting under this plan is \_\_\_\_\_.
- c** Does the employer apply the minimum coverage requirements to this plan on an employer-wide rather than a QSLOB basis? ... ☐ Yes ☐ No
- d** If the entry on line 2b is two or more and line 2c is "No," identify the QSLOB to which the coverage information given on line 3 or 4 relates.  
►

- 3** Exceptions – Check the box before each statement that describes the plan or the employer.  
If you check any box, do not complete the rest of this Schedule.

- a** ☐ The employer employs only highly compensated employees (HCEs).
- b** ☒ No HCEs benefited under the plan at anytime during the plan year.
- c** ☐ The plan benefits only collectively bargained employees.
- d** ☐ The plan benefits all nonexcludable nonhighly compensated employees of the employer (as defined in Code sections 414(b), (c), and (m)), including leased employees and self-employed individuals.
- e** ☐ The plan is treated as satisfying the minimum coverage requirements under Code section 410(b)(6)(C).

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v2.3 Schedule T (Form 5500) 1999



4 Enter the date the plan year began for which coverage data is being submitted. Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

a Did any leased employees perform services for the employer at any time during the plan year? ☐ Yes ☐ No

b In testing whether the plan satisfies the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4), does the employer aggregate plans? ☐ Yes ☐ No

c Complete the following:

(1) Total number of employees of the employer (as defined in Code section 414(b), (c), and (m)), including leased employees and self-employed individuals c(1) \_\_\_\_\_

(2) Number of excludable employees as defined in IRS regulations (see instructions) c(2) \_\_\_\_\_

(3) Number of nonexcludable employees. (Subtract line 4c(2) from line 4c(1)) c(3) \_\_\_\_\_

(4) Number of nonexcludable employees (line 4c(3)) who are HCEs c(4) \_\_\_\_\_

(5) Number of nonexcludable employees (line 4c(3)) who benefit under the plan c(5) \_\_\_\_\_

(6) Number of benefiting nonexcludable employees (line 4c(5)) who are HCEs c(6) \_\_\_\_\_

d Enter the plan's ratio percentage and, if applicable, identify the disaggregated part of the plan to which the information on lines 4c and 4d pertains (see instructions) d \_\_\_\_\_ %

e Identify any disaggregated part of the plan and enter its ratio percentage:

(1) Disaggregated part: _____	Ratio Percentage:	e(1) _____ %
(2) Disaggregated part: _____	Ratio Percentage:	e(2) _____ %
(3) Disaggregated part: _____	Ratio Percentage:	e(3) _____ %

f This plan satisfies the coverage requirements on the basis of (check one): ☐ the ratio percentage test ☐ average benefit test



**SCHEDULE I  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Pension and Welfare Benefits  
Administration

Pension Benefit Guaranty Corporation

**Financial Information -- Small Plan**

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

► File as an attachment to Form 5500.

Official Use Only

OMB No. 1210-0110

**1999**This Form is Open  
to Public Inspection.

For calendar year 1999 or fiscal plan year beginning

and ending

**A** Name of plan

Commercial Federal 401(k) Plan for Acquired Companies

**B** Three-digit

plan number

004

**C** Plan sponsor's name as shown on line 2a of Form 5500

Commercial Federal Bank

**D** Employer Identification Number

47-0130810

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I** Small Plan Financial Information

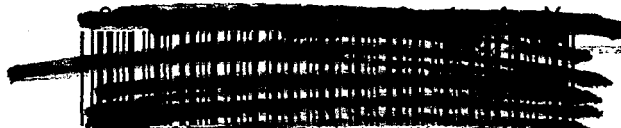
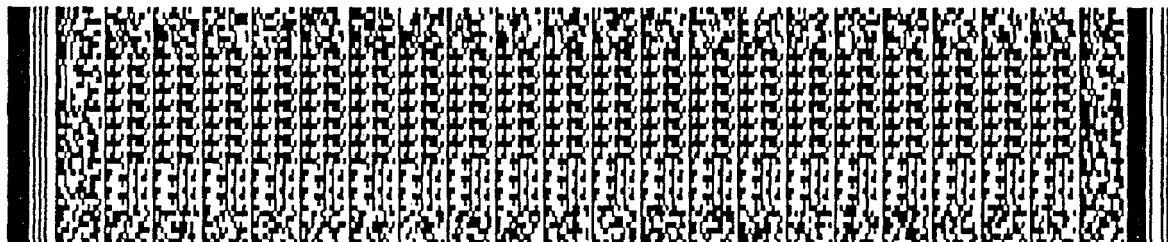
Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar.

		(a) Beginning of Year	(b) End of Year
<b>1 Plan Assets and Liabilities:</b>			
<b>a</b> Total plan assets	<b>1a</b>	2,306,424	4,019,096
<b>b</b> Total plan liabilities	<b>1b</b>		
<b>c</b> Net plan assets (subtract line 1b from line 1a)	<b>1c</b>	2,306,424	4,019,096
<b>2 Income, Expenses, and Transfers for this Plan Year:</b>		(a) Amount	(b) Total
<b>a</b> Contributions received or receivable			
(1) Employers	<b>2a(1)</b>	0	
(2) Participants	<b>2a(2)</b>	0	
(3) Others (including rollovers)	<b>2a(3)</b>	0	
<b>b</b> Noncash contributions	<b>2b</b>		
<b>c</b> Other income	<b>2c</b>	-115,752	
<b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	<b>2d</b>		-115,752
<b>e</b> Benefits paid (including direct rollovers)	<b>2e</b>	106,172	
<b>f</b> Corrective distributions (see instructions)	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions)	<b>2g</b>		
<b>h</b> Other expenses	<b>2h</b>	9,352	
<b>i</b> Total expenses (add lines 2e, 2f, 2g, and 2h)	<b>2i</b>		115,524
<b>j</b> Net income (loss) (subtract line 2i from line 2d)	<b>2j</b>		-231,276
<b>k</b> Net transfers	<b>2k</b>		1,943,948

**3 Specific Assets:** If the plan held any assets in one or more of the following specific categories, check yes and enter the current value as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	Yes	No	Amount
<b>a</b> Partnership/joint venture interests	<b>3a</b>	X	
<b>b</b> Employer real property	<b>3b</b>	X	

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500. v2.3 Schedule I (Form 5500) 1999



	Yes	No	Amount
<b>3c</b> Real estate (other than employer real property) .....		X	
<b>d</b> Employer securities .....	X		1,065,775
<b>e</b> Participant loans .....	X		26,277
<b>f</b> Loans (other than to participants) .....		X	
<b>g</b> Tangible personal property .....		X	

**Part II Transactions During Plan Year**

	Yes	No	Amount
<b>4</b> During the plan year:			
<b>a</b> Did the employer fail to transmit to the plan any participant contributions within the maximum time period described in 29 CFR 2510.3-102? (See instructions) .....		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by the participants' account balance .....		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....		X	
<b>d</b> Did the plan engage in any nonexempt transaction with any party-in-interest? .....		X	
<b>e</b> Was the plan covered by a fidelity bond? .....	X		500,000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....		X	
<b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....		X	
<b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....		X	

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount \_\_\_\_\_

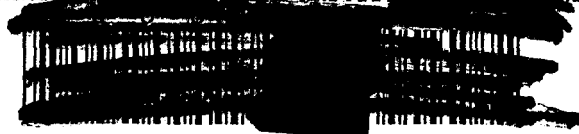
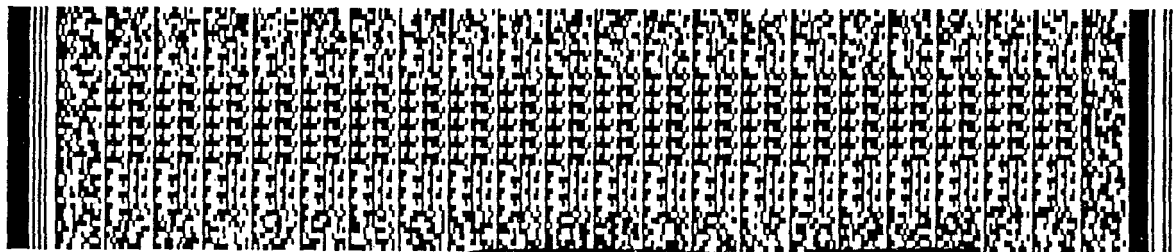
**5b** If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)**5b(2)** EIN(s)**5b(3)** PN(s)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE P  
(FORM 5500)**

Department of the Treasury  
Internal Revenue Service

**Annual Return of Fiduciary  
of Employee Benefit Trust**

This schedule may be filed to satisfy the requirements under section 6033(a) for an annual information return from every section 401(a) organization exempt from tax under section 501(a).

Filing this form will start the running of the statute of limitations under section 6501(a) for any trust described in section 401(a) that is exempt from tax under section 501(a).

► File as an attachment to Form 5500 or 5500-EZ.

Official Use Only

OMB No. 1210-0110

**1999**

This Form is Open to  
Public Inspection.

For trust calendar year 1999 or fiscal year beginning , and ending

**1a** Name of trustee or custodian

Intrust Bank, N.A.

**b** Number, street, and room or suite no. (If a P.O. box, see the instructions for Form 5500 or 5500-EZ.)

Box One

**c** City or town, state, and ZIP code

Wichita KS 67201-5001

**2a** Name of trust

Railroad Savings Bank, F.S.B. 401(K) Savings and Profit Sharing Trust

**b** Trust's employer identification number 48-1113510

**3** Name of plan if different from name of trust

Railroad Savings Bank, F.S.B. 401(k) Savings and Profit Sharing Plan

**4** Have you furnished the participating employee benefit plan(s) with the trust financial information required to be reported by the plan(s)?

☒ Yes

☐ No

**5** Enter the plan sponsor's employer identification number as shown on Form 5500 or 5500-EZ. ►

47-0130810

Under penalties of perjury, I declare that I have examined this schedule, and to the best of my knowledge and belief it is true, correct, and complete.

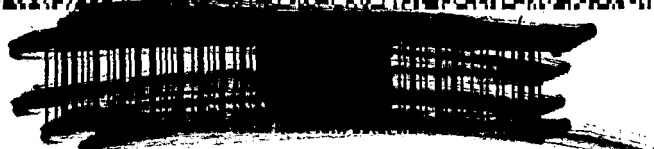
Signature of fiduciary ► *Carol S. Owens*

Date ► *8/14/2000*

For the Paperwork Reduction Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

v2.3

Schedule P (Form 5500) 1999



## **SUMMARY ANNUAL REPORT**

### **FOR COMMERCIAL FEDERAL 401(K) PLAN FOR ACQUIRED COMPANIES**

This is a summary of the annual report for the Commercial Federal 401(k) Plan for Acquired Companies, EIN 47-0130810, Plan No. 004, for the period January 1, 1999 through December 31, 1999. The annual report has been filed with the U.S. Department of Labor's Pension and Welfare Benefits Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits under the plan are provided through a trust fund.

A total of 160 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

#### **Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an accountant's report; and
2. assets held for investment.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Larry Murray, Commercial Federal Bank, 2120 S. 72nd St., TWR 14, Omaha, NE 68124, (402) 390-5246. The charge to cover copying costs will be \$2.00 for the full annual report, or 25 cents per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan (Commercial Federal Bank, 2120 S. 72nd St., TWR 14, Omaha, NE 68124) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-5638, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.